Ultimate Care Limited

Bilton Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and was carried out on 1 December 2015. At the previous inspection, which took place on 9 September 2014 the provider was meeting regualtions.

Bilton Hall is a care home providing nursing care for up to 60 people some of whom live with dementia, physical disability or are terminally ill. There are 56 single and 2 double bedrooms and all have en-suite toilet facilities. The registered provider of the service is Ultimate Care Limited. On the day of the inspection there were 58 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with said they felt safe and they spoke positively about the care and support they received. Staff completed training with regard to safeguarding adults. Staff were able to speak confidently about what constitutes abuse and the procedure to follow if they

Summary of findings

suspected anyone was at risk or had experienced harm. Staff recruitment processes included carrying out appropriate checks to reduce the risk of employing unsuitable people.

There were safe systems in place to ensure people received their medicines as prescribed. Staff received appropriate training and were assessed for competency prior to administering medicines and this was reassessed regularly.

New staff had received relevant training to enable them to carry out their roles this was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff team had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

The provider followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

People were offered a varied diet and were provided with sufficient drinks and snacks. People who required special diets were catered for. Where people were at risk of malnutrition appropriate risk assessments had been completed and staff sought advice from dieticians, speech and language therapists to ensure people had their nutritional needs met.

People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People told us they were treated with kindness and were happy with the support they received. We found staff approached people in a caring manner and overall people's privacy and dignity was respected. However, we observed some incidents where people's dignity was not respected and these were reported to the manager.

People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People were involved in activities they liked and were linked to previous life experience, interests and hobbies. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

The service had a complaints procedure and people we spoke with were familiar with it and told us they would feel confident in raising concerns with managers. They also told us they felt they could talk with any of the staff if they had a concern or were worried about anything.

People completed an annual survey about the quality of the service. The provider reviewed this feedback used it to address any shortfalls and improve the service.

The service had a quality assurance system, and records showed that identified problems and opportunities to change things for the better had been addressed promptly.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service. They told us the registered manager was supportive and promoted positive team working.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People who used the service told us they felt safe. Staff had undertaken training with regard to safeguarding adults and were able to demonstrate what to do if they suspected abuse was happening.

There were sufficient staff on duty to attend to people's needs. The way in which staff were recruited reduced the risk of unsuitable staff working at the home.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care.

There were systems in place to protect people against the risks associated with the management of medicines.

Is the service effective?
The service was effective.

Good

Staff received on-going training. The training programme provided staff with the knowledge and skills to support people.

People were provided with a choice of nutritious food. Snacks and drinks were available at any time. People's dietary likes and dislikes were known by the staff.

The provider had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received training and demonstrated understanding of the principles of the Act. People were supported to make decisions about their care, in line with legislation and guidance.

The home had developed good links with health care professionals which meant people had their health needs met in a timely manner when their needs changed.

Is the service caring?
The service was caring.

Good

Overall people's privacy and dignity was respected and staff were kind and attentive, Where we observed an occasion where someone's privacy and dignity was not fully respected this was reported to the registered manager who gave assurances to address the issues.

People were well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

The provider was committed to ensuring people were comfortable and received appropriate support as they approached the end of their lives.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People were involved in planning how their care and support was provided. Staff knew people's individual preferences and these were taken into account.

People had an opportunity to participate in group activities and attention was also paid to people's individual interests and hobbies.

The provider responded to complaints appropriately and people told us they felt confident any concerns would be addressed.

Is the service well-led?

Good

The service was well led.

Staff and people using the service; their relatives and representatives expressed confidence in the manager's abilities to provide good quality care.

The provider actively sought the views of people and collated them in the form of an action plan to improve the service.

There were effective quality assurance systems in place to monitor the service and drive forward improvements. This included internal audits and corporate audits which provided positive feedback about the service.

Staff reported a supportive leadership with the emphasis on openness and good team work.

Bilton Hall Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. The expert by experience had personal experience of caring for older people living with dementia.

The registered manager was not requested to complete a Provider Information Return (PIR).The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the registered manager. A statutory notification is information about important events which the service is required to send to the Commission by law. We planned the inspection using this information.

During our inspection we carried out observations of staff interacting with people and completed a structured observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. We spoke with eight people who lived at the service and six relatives.

During the inspection we pathway tracked five people who used the service. This meant we spoke with staff, read people's care records and associated medicine records to see how the people were supported.

We reviewed three staff recruitment files, records required for the management of the home such as audits, minutes from meetings, satisfaction surveys, and medication storage and administration records. We also spoke with six members of staff, including nurses, senior care staff, care assistants, the activities organiser, chef, registered manager and the managing director as well as one visiting health professional.

We contacted the local authority commissioners and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one had any concerns.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe. One family member told us, "It was such a relief when (name) came here. We had been worried about safety all the time they were at home. Now we can relax because we know they are so well looked after." Another relative said," I was ill with a virus and couldn't visit but I wasn't worried because I knew she would be safe and well."

Someone living at the service said, 'I feel really safe as they come and check on you day and night. I was ill last week and they kept popping in to see if I was ok even though I didn't press the buzzer.' Another person said, 'I feel safe and secure; I have three meals a day and a comfy bed. What more could you want?"

The provider had policies and procedures with regard to safeguarding adults and whistleblowing (telling someone). Information the Commission had received demonstrated the registered manager was committed to working in partnership with the local authority safeguarding teams and they had made and responded to safeguarding alerts appropriately. Staff received training with regard to safeguarding adults during induction, this was provided by the service's safeguarding alerter champion followed by an annual refresher completed on line. Staff we spoke with confirmed this and told us they would speak to the registered manager or senior nurse in charge if they had any concerns. One of the nurses explained that they had only recently attained their registration and would not work alone without senior staff also present in the home. However, they said the home had a safeguarding policy and they would follow this if no one else was available to refer to for guidance. They described the people that they cared for as "Very vulnerable" and said they felt, "Responsible for each and every one of them when I step on the Butterfly Garden [the dementia care area}."

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. All of them had attended an interview and two references and Disclosure and Barring Service (DBS) (previously criminal records bureau) checks had been obtained prior to the member of staff starting work. This process helped reduce the risk of unsuitable staff being employed. We saw the provider had a system to regularly check the current status of nurse's professional qualifications with the Nursing and Midwifery Council (NMC).

The registered manager told us that dependency levels of people living at the service were checked and staffing levels were adjusted on a three monthly basis or more often as required. They told us that staff recruitment posed a challenge however they also said that staff turnover was not high. They said the interview processes focused primarily on staff attitude and values and they looked for staff that were 'keen and willing to learn.' One member of staff told us that they thoroughly enjoyed their work and said that they had developed "A lot of affection" for the people who used the service.

The registered manager was a mentor with the Nursing and Midwifery Council (NMC) and when we visited two members of overseas staff were undertaking training to be registered with the NMC. Overseas nurses worked as supervised practice nurses until they were registered. During this period the registered manager told us they ensured staff had sufficient time to learn and would usually have one day per week supernumerary (not rota'd to provide care and support). This was confirmed by one registered nurse we spoke with who had recently completed the overseas nursing programme to be registered with the NMC.

Staff told us they had a daily handover where the leader of the shift passed on relevant information about people's needs and planned event/appointments for the day. Staff were also allocated areas within the home to work and allocated break times in order to ensure there were sufficient staff available. This helped make sure that people's needs were met. During our visit we noted that although staff were busy they had time to spend with people and that call bells were responded to in a timely manner. People we spoke with told us they felt there were enough staff on duty. One person said, "I think there is enough staff, I never have to wait long for one of them to come."Staff we spoke with said that they felt although they were busy there were enough staff on duty.

Where people were at risk, there were assessments which described the actions staff were to take to reduce the possibility of harm. We found that risk assessments were in place, as identified through the assessment and care planning process, which meant that risks had been

Good

Is the service safe?

identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. All risk assessments were reviewed monthly or more often in case of changing care needs.

Records we looked at confirmed that falls risk assessments were in place. Staff told us that they were responsible for updating designated people's risk assessments and care plans and we saw that these had been reviewed in a timely way. Personal emergency evacuation plans (PEEPs) were available for people taking into account their mobility and moving and assisting needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We walked around the building and saw grab and handrails to support people and chairs located so people could move around independently, but with places to stop and rest. Communal areas and corridors although homely, were free from trip hazards.

We spoke with the unit managers responsible for handling medicines about the safe management of medicines, including creams and nutritional supplements within the home. Medicines were locked away securely to ensure that they were not misused. Daily temperature checks were carried out in all medicine storage areas to ensure the medicines did not spoil or become unfit for use. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines. Medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. On occasions where medicines had not been given, staff had clearly recorded the reason why.

We saw drugs liable to misuse which are called controlled drugs, were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered. People's medicines were listed in the care files and people had assessments completed with regard to whether they could manage their medicines independently and what support they needed. We noted that pain assessments had been completed for a person who was living with dementia, to determine information about the location of pain symptoms.

The home was clean. We saw staff had access to personal protective equipment such as disposable aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness of the service and infection control measures were in place.

Good

Is the service effective?

Our findings

Overall the majority of people we spoke with were very pleased with the staff and the level of care. One relative told us, "The staff are brilliant. They all knew mum's name, even the kitchen staff. It's that personal touch. There is turnover of staff but it's seamless for residents. We are very grateful for the care they gave. Another relative told us, "He is looked after well. The staff are friendly and welcoming to me as well. They all know me by name."

One person who lived at the service said, "No complaints whatsoever. It's great they are all pleasant and kind. The food is hot and palatable and they treat us well."

One of the registered nurses described their role to us as the person centred dementia facilitator. As such they explained they would be responsible along with another member of staff for delivering dementia awareness training to the staff team. Among other things we saw that the topics for the workbooks for this training included person centred care and enhanced communication. The nurse told us that they had already held mini information sessions for staff on communication skills including verbal and non-verbal skills. We also saw that people's care plans contained details of people's preferred means of communication.

Staff told us they also had regular supervision sessions and staff meetings, which enabled them to discuss any issues in regard to their professional development. Staff were allocated 'champion' roles within the home in tissue viability, continence, end of life care, infection control, nutrition and falls. One member of the nursing staff told us they had completed a 'train the trainer' course with Leeds Beckett University and had a key role in delivering staff training. The registered manager told us that two members of staff were currently undertaking LCAT (Leicester competence assessment tool) training. This included venepuncture (taking of bloods), recording blood pressure and male and female catheterisation.

Staff told us that they could raise any queries with the registered manager at any time and were given the opportunity to work supernumerary hours which were used for auditing and monitoring purposes. When we visited we spoke with one nurse who was working supernumerary hours who told us that they were completing medicines audits and assisting staff on the dementia care area to review and update care plans. One staff member described the registered manager as, "Very good, and very supportive." In regard to their individual supervision session's one member of staff said, "We discuss professional development, organisation, leadership, management and goals." This meant that staff were being offered support in their work role, as well as identifying the need for any additional training and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found consent to care and treatment records were signed by the person or their relative or representative, if they were unable to sign. Where people were assessed as lacking capacity we saw that appropriate DoLS authorisations had been applied for and agreed by the relevant authority. There were 21 DoLS authorisations in place.

People's social history included details about their food preferences and dietary tolerances and allergies. Risk assessments were in place to identify specific risks associated with people's eating and drinking. Nutritional risk assessments were formally reviewed monthly using the Malnutrition Universal Screening Assessment Tool (MUST). Where people were identified as being at risk of malnutrition, we saw that referrals had been made to the dietitian for specialist advice and their care plan updated using the MUST tool.

We observed the lunchtime experience and noted the tables were set with table cloths and napkins and a menu for the day was on each table. We observed people seemed

to enjoy their food which was presented attractively and was clearly hot. Those people who needed it were given discrete assistance with their meal and we saw people using adapted cutlery and plate guards in order that they could be independent when eating.

People were offered a choice menu and people could choose where they ate their meals. For people taking their meals in their bedrooms or in the Butterfly Garden staff asked people what they wanted from the choice menu, their orders were delivered to the kitchen staff and meals were plated up and delivered on trays or specially adapted trolleys. This made sure that people's meals could be delivered in a timely manner and ensured that they were maintained at a reasonable temperature. For people living with dementia the choice process was not meaningful or helpful. The daily menu was displayed in a picture format however people were not being shown these when deciding what they wanted to eat. We brought this to the attention of the registered manager who said she would speak to staff immediately and we saw staff showing people the menu at tea time.

There was a comments book in the dining room where people recorded their feedback on the food. For example we saw recorded, 'The pie was lovely today' and 'Beef was cooked just right.' One person told us, "There's nothing wrong and the food is good" and another commented, "The food is good and there is a choice but they also ask what you would like. Their relative told us 'They are very good at checking what [name] has eaten.' Another relative told us, [name] loves it here it's just like being at home. The staff are kind and caring and they monitor their weight."

We noted that people had access to juice and water and that people were offered tea and coffee at regular intervals. We heard staff encouraging people to drink sufficient fluids.

People's care records included details of appointments with and visits by health and social care professionals such as the GP, physiotherapist, occupational therapist, speech and language therapist and the dietitian. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people living at the service were being met, and their health maintained.

Accommodation was provided for 58 people in a large listed, adapted and extended detached building. 18 people were living with dementia in the Butterfly Garden located on the first floor. The home is set in extensive grounds of over seven acres and we were shown a courtyard garden, known as the sunflower garden that was being developed to appeal to people living at the service. This included a classic car and a bus stop and provided a secure area where people could spend time. Because the door to the sunflower Garden was kept locked via a keycoded entry system, people living in this area were not able to access the dementia friendly garden area or other outside space without staff support. We spoke with the provider about independent access to outdoor space for people who lived at the service. They explained there would be few people who it would be safe enough for them to access the grounds independently which was why the provider had developed the courtyard area to facilitate this.

The registered manager told us during good weather the activities organiser arranged regular 'guided walks' around the grounds. The activities organiser told us these were well attended and they prompted discussion about seasons, weather, plants and past hobbies. The registered manager informed us the courtyard garden had only just been completed therefore they had yet to fully introduce the garden and monitor staffing levels to facilitate people accessing it. The provider took on board our comments about the Butterfly unit being located on the first floor but informed us because of the age and listing of the building this had been the most appropriate area to locate it. They also gave assurances to monitor staffing implications of enabling people access the garden once better weather arrived.

We observed that there was a relaxed atmosphere during the morning on the Butterfly Unit. Some issues regarding the suitability of the environment became evident in the afternoon when we observed that the noise of the call bells and the lack of space for people to safely move around and pass each other on the corridor caused difficulties for two men who became anxious and distressed for a period. Although staff moved quickly to intervene and assist people we saw that the lack of space impacted on the outcomes for these people.

One person was constantly asking to leave the unit and being led away from the entrance door. We saw in this person's care records that they were assessed as lacking capacity and a DoLS authorisation was in place restricting them from leaving the home. This was in order to reduce the risks to the person and keep them safe. We looked at

Good

Is the service effective?

the records for this person and spoke with the registered manager who confirmed this person had been newly admitted and was having some difficulties and distress with their new surroundings. They told us and we saw from the records the provider was working with specialist professionals to assist this person in alleviating their distress. When the registered manager asked stated that the noise of the call bells could be tested and reduced.

Good

Is the service caring?

Our findings

We observed three people being taken to or from the bathroom only one of which was suitably attired in a dressing gown. The remaining two were not dressed and were only covered in towels. Two people were pulled backwards on bath chairs which is an undignified and unacceptable way of transporting people. We were concerned that people were in an undressed state in communal areas, which demonstrated a lack of privacy and dignity. When we raised this at feedback the registered manager explained that space within the bathrooms was limited so people were assisted to undress and dress in the comfort of their bedrooms. However they said they would instruct staff to make sure people were suitably clothed in communal areas in future.

Two bathrooms situated on the ground and first floor were both occupied but in each case the door was not fully shut or locked which compromised people's privacy and dignity. We brought this to the attention of the registered manager who confirmed they would speak directly to the staff in question to ensure this did not happen again

People we spoke with were complimentary about the care they received. One relative told us, "[name] is very happy here. They are conscious of their safety even though they like to be independent." Another relative, said, "Families have free access come and go when you like. There is good dialogue with families." Comments from people who lived at the service included, "The staff are lovely, they are very kind towards me," and "They will do anything for you, they are smashing."

Another person said, "They're so cheerful some of these girls {staff} we're so lucky to have them around. It's a nice atmosphere here, can't grumble."

Some people living with dementia were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff. We observed staff treating people with kindness and compassion, staff spoke with people at a pace which appeared comfortable to them.

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. There was a calm, positive atmosphere throughout our visit and we saw that people's requests for assistance were answered promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, respectful, supportive and encouraging. Our observation during the inspection was that staff were respectful when talking with people calling them by their preferred names. Staff knocked on people's doors and waited before entering, ensuring people's privacy was respected.

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories. This information supported staff's understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

Information on dementia awareness including the Dignity in Care Charter was displayed around the home. We saw that staff were gentle and kind in their approach and call bells were answered promptly.

Staff were able to describe people's individual needs and how these were met. We read people's care plans and saw that people's histories, hobbies and an assessment of their needs had been compiled from discussions with people themselves and their relatives This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests; to enable them to better respond to the person's needs and enhance their life. We spoke with the registered manager about the use of one document titled, 'All about me', which could include more detail about people's relationships and traits that might may otherwise be missed. This would help to ensure that the document captured issues of equality and diversity and promote and protect people's human rights.

We spoke with a care assistant who told us about their role in the dementia care area. One person was making paper chains which the member of staff said would later be used as part of the festive decorations. They explained that they focused on making seasonal crafts, which enabled them to hold a conversation with people about the time of the year and helped to prompt people's memories and personal experiences. The member of staff went on to tell us, "It doesn't matter if they [the decorations] get taken down. People enjoy making them and we can always do some more."

Good

Is the service caring?

When people were approaching the end of their lives appropriate arrangements were made to ensure they were as comfortable as possible and any advanced wishes respected. Staff had received training with regard to end of life care. They demonstrated great respect in their discussion with us and they told us of how important this aspect of their work was. Staff had received training with regard to providing end of life care and told us they received excellent support from district nurses. One member of staff said, "We always make sure there are extra staff on duty to attend to people at the end of their life."

Do Not Attempt Resuscitation (DNAR) forms were in place for some people and we saw that the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. We saw an advanced care plan/end of life care plan for one person which included information about the relevant people who were involved in decisions about this person's end of life choices and details about anticipation of any emergency health problems. This meant that healthcare information was available to inform staff of the person's wishes at this important time, to ensure that their final wishes could be met. A relative told us, "They go out of their way to do extra. When mum died they really supported dad, during and after her death when he was really down. A carer sat with dad while she died and they were so supportive afterwards when he needed to move rooms."

We were told people had access to an external advocacy service if required and the registered manager told us they promoted an open door policy for people who live at the service and their relatives. During the day we saw visitors coming and going; they were offered a warm welcome by staff.

Good

Is the service responsive?

Our findings

A relative told us, "You cannot fault the staff. They get [name] ready each week so I can take them to bridge. When we came back last week they fell in the corridor and they couldn't have acted more quickly."

One person told us, "The staff are lovely, very kind and attentive." Another person told us the staff were very helpful; "All I have to do is ask. I am looked after very well."

The registered manager explained that they completed pre admission assessments of people's needs. They said they involved other people in the process such as relatives and health and social care professionals. They said this helped ensure as much information was gathered as possible in order to determine whether they would be able to meet those needs. The care plans we looked at were detailed and gave a good overview of people's individual needs and how they required assistance. It was clear that people's individual needs had been assessed before they had been cared for by the service. The assessments were used to design plans of care for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. The care planning system was simple and easy to follow.

We saw evidence of person/ family involvement in care planning on an ongoing basis and this was confirmed by one relative who spoke with us. They said, "I was asked about [my relative's] care needs and I am involved in reviews. Staff always contact me if they are any issues, they are good like that." Care plans were reviewed monthly and on a more regular basis, in line with any changing needs. Staff told us that they were responsible for updating designated people's care plans. We saw entries which confirmed that people's care and support was reviewed in a timely way. For example, for one person who had sustained a fracture we saw that their mobilisation care plan had been updated.

Daily records were concise and information was recorded regarding basic care, hygiene, continence, mobility, nutrition and medication. One of the nursing staff told us they intended to review some of the documentation and update terminology used to describe people's distressed responses. The daily notes were written in black ink, dated, timed and signed and were completed by the staff providing care and support. Staff told us that people's needs were discussed and communicated when staff changed duty, at the beginning and end of each shift. Information about people's health, moods, behaviour, appetites and the activities they had been engaged in were shared. This meant staff were kept up-to-date with the changing needs of people who lived at the service.

Assessments had been carried out which showed people were at risk of developing pressure ulcers. We found people's care plans were up-to-date and informed staff about people's care and support needs. Preventative pressure relieving measures that were in place included pressure relieving equipment, re-positioning charts and body maps. This meant that people's care records contained a detailed care plan to instruct staff what action they should take to maintain skin integrity and that people were receiving appropriate care, treatment and specialist support when needed.

Care plans contained information relating to a continence assessment being undertaken where people needed this. The records we looked at identified people's needs and care plans for mobility / transfers were in place. Care plans containing information regarding the level of support required to maintain personal hygiene.

Our observations indicated that there was a variety of activities available and we saw photographs of events on display. During the inspection we observed lots of preparations underway for Christmas and we saw people were encouraged to join in. One person told us, "There's always something happening." Another said, "There are lots of activities. There's a garden party and we have animals coming to visit." One person told us, "We have trips out, quizzes, reminiscing, films, sherry afternoon, bingo and entertainment. We have cakes and buns in the lounge."

A relative told us, "They make a lot of effort with nostalgia, playing appropriate music and reminiscing and there's a lovely sensory garden."

We spoke with the activities organiser who explained they had completed NAPA (National Activity Providers Association) training. They explained how they arranged a mixture of activities for groups and for individuals. They

Good

Is the service responsive?

explained activities were planned around people's choice and interest along with seasonal and religious festivals. They told us they have created an indoor beach the previous summer.

People were involved in and had an opportunity to influence improvements to the service. We saw from records regular relatives meetings were held. One person told us, "We have regular residents meetings and kitchen staff, carers, nurses and handymen attend so you can raise concerns. And you always get feedback to check things have been sorted."

We were told quality surveys were sent out every month to people who lived at the service, relatives and staff. Every three to six months the surveys were collated and a summary produced. The previous six months determined 85% of responses were happy with the service they received. We were told some of the suggested improvements which had been actioned were dementia friendly outdoor space, better access to the grounds; regular short walks now included in the activities programmes and a request for the activities programme to be available on the service's website.

Information about how to make a complaint was available. People we spoke with knew how they could make a complaint if they were unhappy and said that they had confidence that any complaints would be responded to. We reviewed the complaints records; the records indicated the service's complaints procedure had been followed and the complainants had been satisfied with the response from the service and the outcome.

Good

Is the service well-led?

Our findings

People who lived at the home and their relatives told us they knew who the manager was and saw them regularly around the home; they confirmed they were approachable and responded to concerns and queries. One relative commented to us, "There is good dialogue with families. If the manager is not about she gets back to you immediately."

The registered manager was experienced and had managed care homes for over twenty years.

When asked about their personal training the registered manager told us t they had completed accredited dementia care training to become a dementia champion with the Alzheimer's society as a volunteer. They told us they were planning to deliver an information session to the staff, friends and relatives of Bilton Hall and, longer term, to local community groups and societies in the hope they would become dementia friends. Two members of staff, who had undertaken specialist dementia facilitator training titled, 'Enriched Model of Person Centred Care', together with the registered manager were planning to deliver a programme of dementia training to all staff.

The registered manager told us that the deputy manager had previously worked in a service that had been awarded the 'butterfly mark' and was a member of Dementia Care Matters. An Admiral Nurse (specialist dementia nurse) and the service implementation lead for the acute hospital liaison team had visited to give independent advice about the provision of quality dementia care They also told us of plans for a support group to act as a point of contact for relatives to assist with fund raising and events at the service.

Staff meetings had been held at regular intervals, which had given staff the opportunity to share their views and to receive information about the service. Staff told us that they felt able to voice their opinions, share their views and felt there was a two way communication process with managers and we saw this reflected in the meeting minutes we looked at. They said the registered manager offered an open door and was fair and honest with them.

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the registered manager had a regular presence in the service. They told us the registered manager spent time in the home talking with and working alongside staff.

During our inspection we spoke with the registered manager about people who used the service. They were able to answer all of our questions about the care provided to people showing that they had a good overview of what was happening with staff and people who used the service. They told us they were proactive in developing good working relationships with partner agencies in health and social care. The feedback we received from these agencies supported these statements.

When asked about staff support one nurse told us, "I am happy with the support and trust they have given me." They told us that they had the opportunity to maintain their professional development and had recently undertaken updated training on venepuncture (taking blood), blood pressures and urinary catheters. They had also completed a 'train the trainer' course which enabled them to deliver training to other staff. Another nurse described the registered manager as, "Approachable and supportive."

When asked about clarity regarding their role, responsibilities and expectations one staff member told us, "I am a 'champion' for tissue viability and for dementia care and take a lead role in staff training on these."

When asked about the culture, vision and values of the service a member of staff told us, "Caring and focused on patients and families and well led by management team."

When asked to describe the service one relative told us, "Excellent leader with motivated staff, I couldn't be happier with the care my [relative] has."

The registered manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with the provider and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as passenger lifts, firefighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop.

Monthly audits and monitoring were undertaken by regional managers which helped managers and staff to

Good

Is the service well-led?

learn from events such as accidents and incidents, complaints, concerns and whistleblowing. The results of audits were developed into an action plan which helped reduce the risks to people and helped the service to continuously improve.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, police, deprivation of liberty team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to us about incidents that affected people who used services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The registered person failed to ensure people's privacy and dignity was respected.**